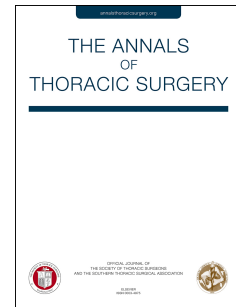


Accepted Manuscript

Overcoming a Surgical Challenge: Inverted Aortic Prosthetic Valves in Small Mitral Annulus

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PII: S0003-4975(18)30323-0

DOI: [10.1016/j.athoracsur.2018.02.012](https://doi.org/10.1016/j.athoracsur.2018.02.012)

Reference: ATS 31395

To appear in: *The Annals of Thoracic Surgery*

Received Date: 27 January 2018

Accepted Date: 3 February 2018

Please cite this article as: Redondo A, Lopez-Menendez J, Varela L, Muñoz R, Rodriguez-Roda J, Overcoming a Surgical Challenge: Inverted Aortic Prosthetic Valves in Small Mitral Annulus, *The Annals of Thoracic Surgery* (2018), doi: 10.1016/j.athoracsur.2018.02.012.

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Overcoming a Surgical Challenge: Inverted Aortic Prosthetic Valves in Small Mitral**Annulus**

To the Editor:

We have read with great interest the paper recently published by Barac et al.[1] concerning the use of mechanical aortic prostheses in small mitral annulus.

Many different and effective techniques can be used for aortic annulus enlargement.

Moreover, new sutureless and stentless valves have proven to leave low gradients even in small sizes [2].

Nevertheless, heavily calcified mitral valves can be a challenge [3]. Besides, an extensive debridement of the fibrous tissue surrounding the mitral valve can lead to an atrioventricular disruption, with fatal consequences.

Therefore, implanting an inverted aortic valve may be a possible solution to overcome this complicated surgical scenario of a heavily calcified mitral valve with a small annulus, when a small mitral prosthesis is not available.

We have also analyzed our experience in this matter. We have implanted 22 inverted aortic prostheses in mitral position from 2010 to 2017. 63,64% of these patients had predominantly mitral stenosis. Mean body surface area (BSA) was 1.67m².

Six patients had a previous mitral valve surgery. The most frequently implanted valve size was an inverted 22mm aortic valve ATS (ATS Medical, Minneapolis, USA). All the implanted prostheses were mechanical prostheses. Two patients died during their postoperative hospitalization. During a 27-month mean follow-up, periodic transthoracic echocardiograms were performed, obtaining a median transvalvular gradient of 5.8 mmHg (interquartile range 4.65-7.65 mmHg). EOA could not be calculated from the data given in the reports, but considering severe transvalvular

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